



**BUSINESS REPLY MAIL**

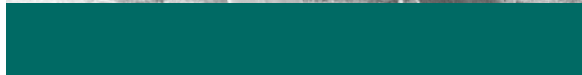
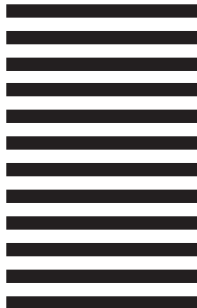
FIRST-CLASS MAIL PERMIT NO. 171 TOMS RIVER, NJ

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: CENTER FOR KIDS AND FAMILY  
COMMUNITY MEDICAL CENTER  
99 HIGHWAY 37 WEST  
TOMS RIVER NJ 08755-9966



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





Please fill out and return the attached card for more information on our programs and services.

### Please send me information on your programs and services.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Please send me information on the following programs:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bereavement for Children     | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Parenting          |
| <input type="checkbox"/> Childbirth Education         | <input type="checkbox"/> Fitness          | <input type="checkbox"/> Physician Referral |
| <input type="checkbox"/> Children's Weight Management | <input type="checkbox"/> Home Alone       | <input type="checkbox"/> Safe Sitter        |
| <input type="checkbox"/> CPR for Family and Friends   | <input type="checkbox"/> Nutrition        |   |

I am also interested in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_